

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584147

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	0			1		
6	0			1		
7	1		1			
8	1			1		
9	2			1		
10	0			1		
11	0			1		
12	0			1		
13	1		1			
14	1			1		
15	2			1		
16	1			1		
17	0			1		
18	0			1		
19	0			1		
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39	0			1		
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50						
TOTAL IND.	4		3			
TOTAL DEP.	39	←	35-	←		←
TOTAL CLAIMS	43		38			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						